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Long-Term Care Reform and the
Multi-Service Agency



HAMILTON-WENTWORTH DISTRICT HEALTH COUNCIL

LONG-TERM CARE REFORM AND THE MULTI-SERVICE AGENCY

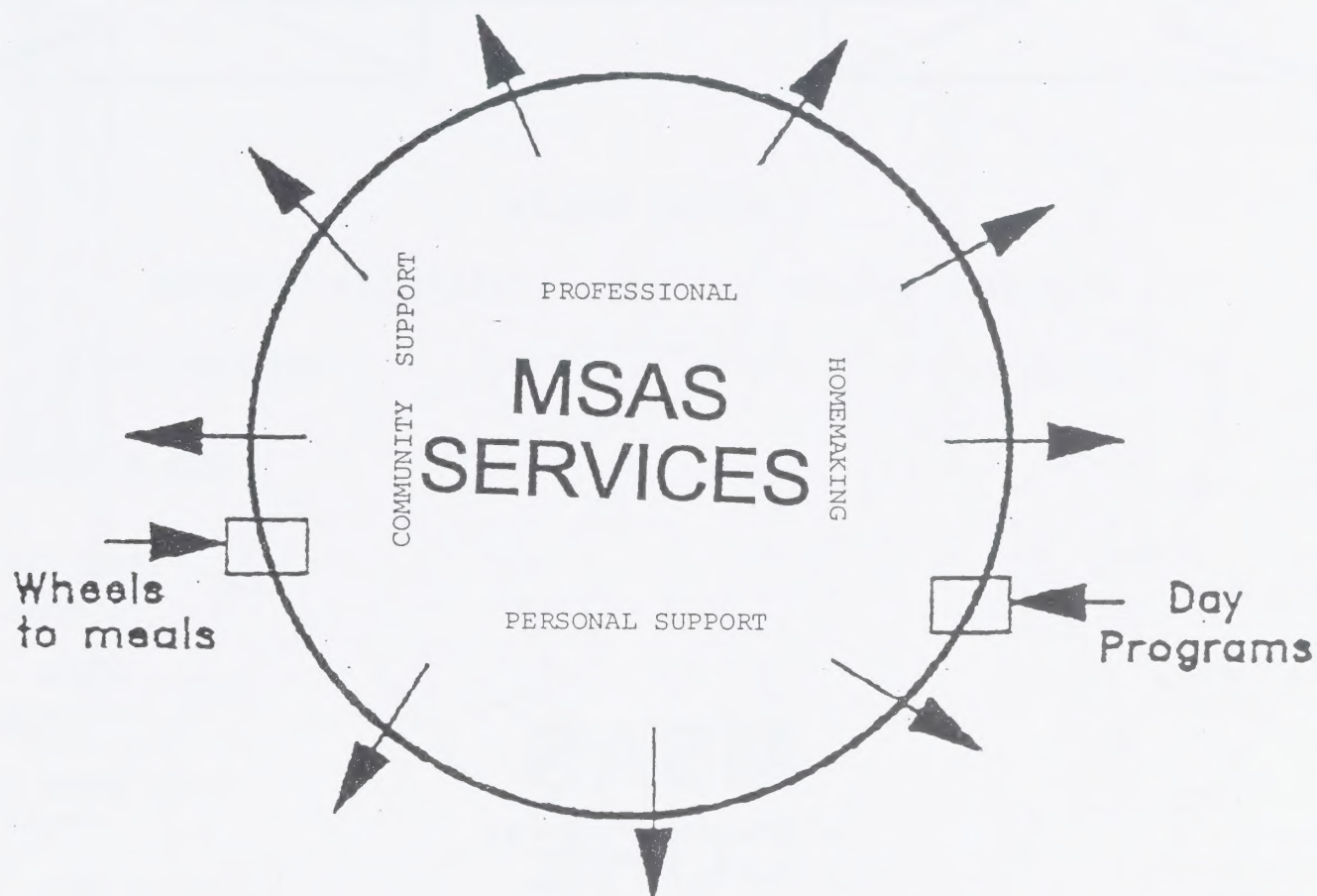
January 1995

TABLE OF CONTENTS

		<u>Page</u>
1.	EXECUTIVE SUMMARY	3-5
2.	DESIGNING A MULTI-SERVICE AGENCY SYSTEM FOR HAMILTON-WENTWORTH	6-7
	Background	
2.1	Long-Term Care (LTC)	6
2.2	Long-Term Care Reform	6
2.3	Long-Term Care Reform in Hamilton-Wentworth	7
3.	MULTI-SERVICE AGENCY SYSTEM	7-19
3.1	Ministry of Health Expectations	6
3.2	Steps to a Local Multi-Service Agency System (MSAS)	8-9
3.3	Proposed Multi-Service Agency System for Hamilton-Wentworth	9-15
3.4	Rationale for Proposed Design	16-19
4.	GOVERNANCE	19-24
4.1	Provincial Expectations and the MSAS When It Is Fully Developed	19-20
4.2	Local Governance	21
4.3	Governance of Transitional MSAS	22-24
5.	LTC SERVICE DELIVERY DURING THE TRANSITION PERIOD	
	APPENDIX	
5.1	Hamilton-Wentworth District Health Council Expectations for the Reform of Long-Term Care and the Development of the Multi-Service Agency	25-26
5.2	Regional Multi-Service Agency for Hamilton-Wentworth with Local Centres (proposed)	27
5.3	Hamilton-Wentworth Multi-Service Agency System (MSAS) Services To People At Home	28
5.4	Hamilton-Wentworth Multi-Service Agency System (MSAS) Some MSA Linkages	29

HAMILTON-WENTWORTH MULTI-SERVICE AGENCY SYSTEM (MSAS)

SERVICES TO PEOPLE AT HOME



CORE SERVICES

HOME SUPPORT

Meals on wheels
Transportation
Caregiver support
Friendly visiting
Security checks
Day programs
(not in the home)
Home maintenance

HOME MAKING

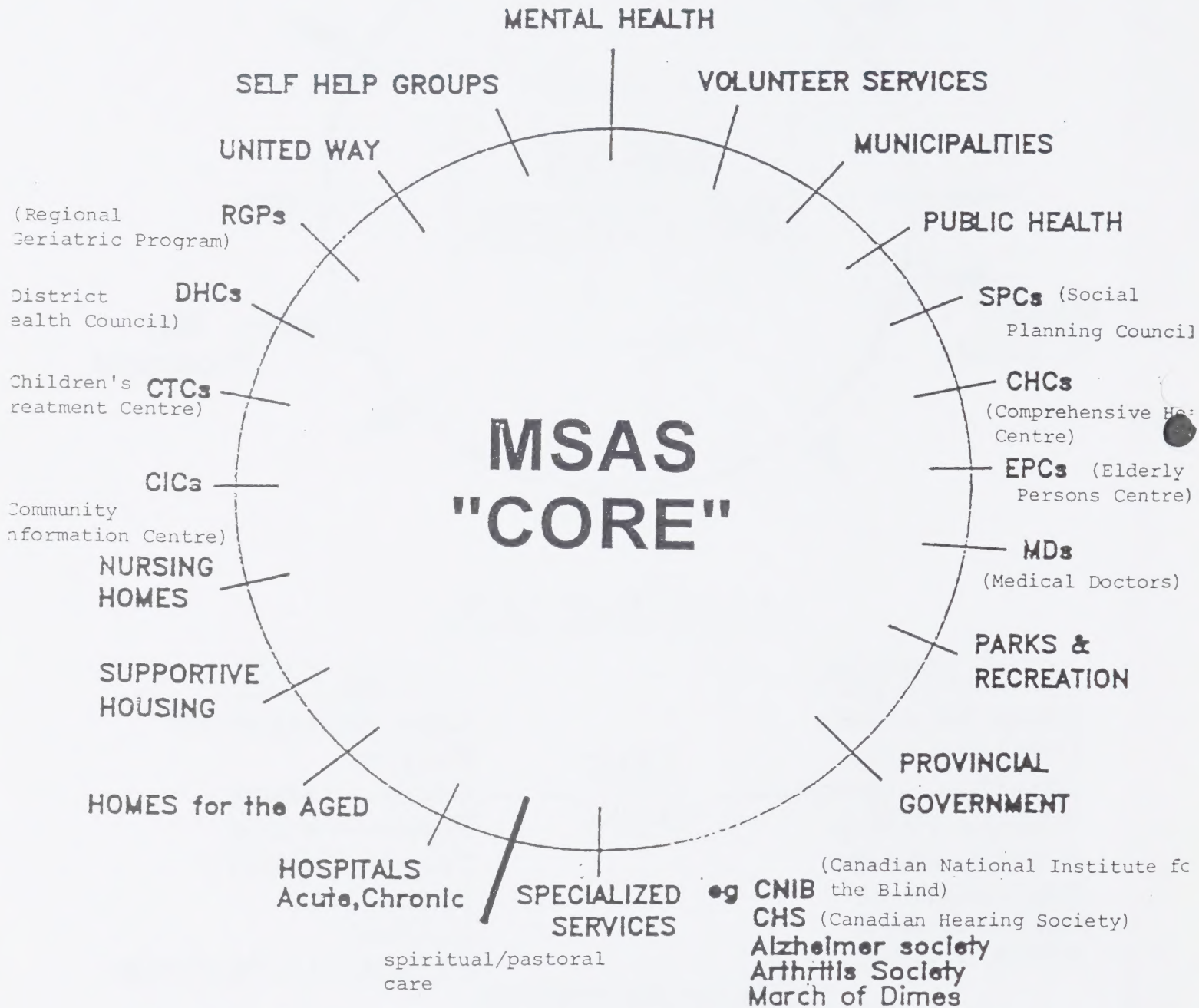
HOME CARE

Case management
Nursing
Occup. therapy
Physio-therapy
Speech therapy
Social work
Dietitian
Supplies/Equip./Drugs

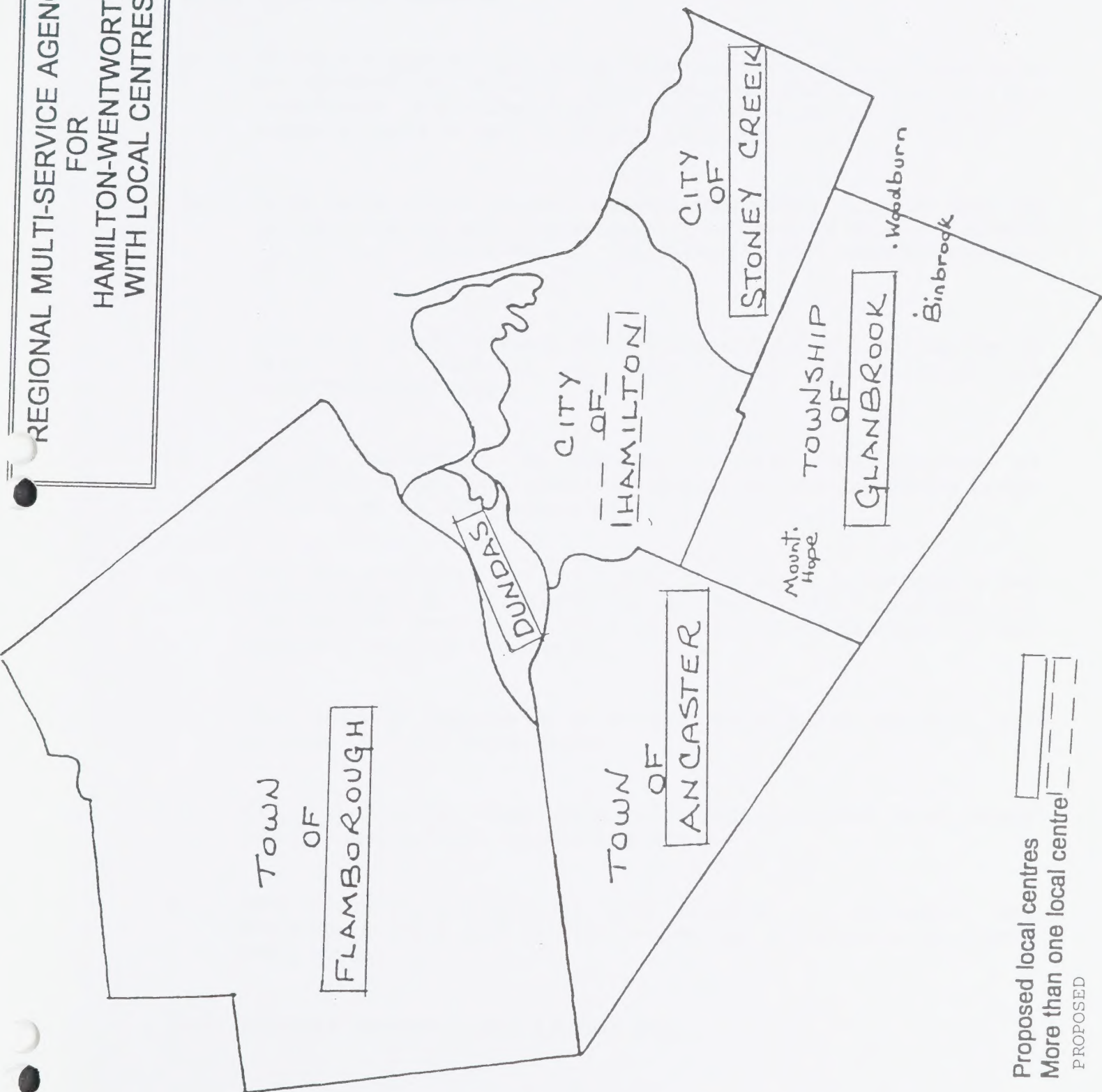
Placement-Coordination
Attendant Services
CARING AT HOME

HAMILTON-WENTWORTH MULTI-SERVICE AGENCY SYSTEM (MSAS)

Some MSA Linkages



REGIONAL MULTI-SERVICE AGENCY SYSTEM
FOR
HAMILTON-WENTWORTH
WITH LOCAL CENTRES
(PROPOSED)



Proposed local centres
More than one local centre
PROPOSED

HAMILTON-WENTWORTH DISTRICT HEALTH COUNCIL

EXPECTATIONS FOR THE REFORM OF LONG-TERM CARE AND
THE DEVELOPMENT OF THE MULTI-SERVICE AGENCY(S)

A. Long-Term Care Reform

1. It is essential that long-term care in Hamilton-Wentworth be responsive, timely, user-friendly and hassle-free for consumers and caregivers. It must also be innovative, cost-effective and properly managed.
2. Long-term care must support consumer choice and be accessible as well as sensitive to people from different cultural, linguistic, spiritual and socio-economic groups.
3. The provision of care must accommodate the continuum of need for service in the community through to institutional care.
4. It is important to develop an improved systems of communication, information and education concerning long-term care in our community.
5. The improvements in long-term care must be tangible and measurable. A collaborative process of LTC planning and evaluation requires, at a minimum, a comprehensive and current regional database.
6. The Council supports a single assessment process for access to long-term care.
7. It is essential that long-term care interact with other health and social service sectors.
8. The Council recognizes and intends to preserve the essential role and contribution of volunteers to long-term care.
9. Minimal bureaucracy is our goal.

B. Development of the Multi-Service Agency(s)

1. It is essential that the community of Hamilton-Wentworth take ownership of the process of creating the MSA(s). The process must be proactive rather than reactive and every effort must be made to produce a win-win situation for consumers, caregivers and providers.
2. The development of the MSA(s) must be a "bottom-up" process with the broadest possible community participation.
3. It is imperative that the process respects existing organizations and adheres to acceptable human resources principles and practices when changes affect staff.
4. The DHC will provide leadership in the development of a planning process that actively involves the community and is accountable to the community of Hamilton-Wentworth.

APPENDIX

to plan collaboratively and to implement strategies aimed at integrating health and social services in the MSAS according to an agreed timeframe including:

- to determine and implement strategies/opportunities for ongoing community input to the planning process;

- to determine and implement the process, timeframe for recruitment and election of the Board of Directors for the fully evolved MSAS.

Composition of the Transitional Board of Directors

The LTC Committee is currently undertaking the planning required to establish a transitional Board of Directors for the MSAS. Its composition will be consistent with provincial LTC policy and legislation. Some of the requirements are identified on page 20.

Preliminary planning proposes the following composition:

Consumers

- seniors
- physically disabled persons
- parents of disabled children
- caregivers
- people with acute care service needs within the home

Service Providers: Sector Representation

- community support
- professional
- homemaking
- personal
- information
- children
- family physicians

General Category

- volunteers
- information systems
- information services
- planning
- regional municipal representation
- labour
- other.

Establishing the Transitional Board

Recommendation 3:

that the Long-Term Care Committee of the Hamilton-Wentworth District Health Council develop a process to establish the transitional Board of Directors for the MSAS, for approval by the Minister of Health

Recommendation 4:

that the MSAS Board of Directors for the transitional period hire a Chief Executive Officer and transfer and hire staff in accordance with their approved Human Resources Plan

Recommendation 5:

that the Multi-Service Agency's transitional Board of Directors be incorporated in order to begin the process of transferring, hiring and/or seconding staff and for contracting for other mandatory services

Local Governance

Recommendation 2:

that a two phase approach to governance be established to complement the transitional and fully developed stages of the Multi-Service Agency System

To understand the roles and responsibilities of the Boards of Directors during the transition period and the fully developed MSAS it is essential to define the planning role of the Hamilton-Wentworth District Health Council in relation to the expectations of the Boards of Directors.

The HWDHC has the lead role in facilitating a community planning process related to establishing a MSAS. It must accompany the MSAS design submission with a local Human Resource Report based on forthcoming information from the province. To date the province has indicated that the Human Resource Report must include the following information:

a description of the current LTC labour force related to MSA service areas;
identification of agencies and bargaining agents.

The HWDHC will lead the planning process until there is an approved design and the transitional Board of Directors is established.

The transitional Board of Directors will play a developmental role to lead the agency throughout the period of transition. Many of the tasks are unique to the period of transition while others will relate to those activities that the final board will have. The governance expectations for the transitional period are identified on page 19.

The role, responsibilities and composition of the Board of Directors of the fully evolved MSAS have been previously described page 20.

Governance of Transitional MSAS

The transitional Board of Directors will be required to develop a mission statement and strategic plan related to its role. Responsibilities of the Board of Directors during transition include:

- to set governance expectations and policy related to:
 - guiding principles/values ;
 - the process, timeframe, and services to be integrated in the MSAS and those to be contracted out;
 - operational planning;
 - communications and public relations;
 - community education and awareness;
 - budgeting and fiscal management;
 - human resource planning including volunteers;
 - service standards and quality;
 - equity of service distribution;
 - information systems development and confidentiality expectations;
 - system and service accountability;
 - evaluation of services and transitional process from a variety of perspectives;
- monitoring the transitional phase according to the governance expectations;
- ensuring adherence to provincial expectations and standards;
- to determine the most effective strategy to begin integration of health and social services within the MSAS including:
 - to develop the MSAS for Hamilton-Wentworth through the transition period of up to four years;
 - to ensure continuity of service provision through the MSAS development period;
 - to lead the process to develop and implement a regional MSAS with local centres;
 - to identify the parameters which will enable local centres to tailor their operations to suit their communities and to facilitate their implementation;
 - to determine the services which will be managed within the MSAS and those to be contracted out and to undertake an implementation process;
 - to develop and implement operational policies/procedures;
 - to ensure that service standards are adhered to and quality is maintained;
 - to determine the mechanism through which local centres, service providers, consumers etc. will provide input to the Board;
- to develop and implement a human resource plan including staff and volunteers including:
 - to hire a Chief Executive Officer (CEO) to carry out the operational tasks related to the transitional period;
- to identify and implement linkages as follows:
 - between the LTC service system and other related systems;
 - between LTC Reform and other reforms;

Effective consumer access to the LTC service system will be supported by staff trained to provide:

- a welcoming atmosphere to callers;
- linguistically and culturally appropriate service;
- technical access through equipment such as TTDs and services such as the Bell Relay Service.

GOVERNANCE OF THE MSAS WHEN IT IS FULLY DEVELOPED

Provincial Requirements of the MSAS When It is Fully Developed

The LTC policy and legislation identify the Ministry of Health's governance expectations for the MSAS when it is fully developed. Each MSA will be a voluntary, not-for-profit community-based agency incorporated and operating at arm's length from the provincial government.

Powers of the Board and Accountability of the Board

The powers and authority of the Board will be similar to those of a board operated by a community agency to which payments are transferred by the government. The responsibilities of the board include:

- to comply with external accountability expectations established by the provincial government policy guidelines and service manuals;
- to develop appropriate organizational policies, procedures and information-gathering mechanisms to ensure that reporting requirements are met;
- to establish an internal accountability process which will relate to the standards and goals that a particular MSA has set in order to manage its services and operations eg. staff training and upgrading, financial reporting systems etc.;
- to be accountable to:
 - its membership, especially consumers and ultimately the community;
 - the provincial government, for the effective use of resources in the provision of appropriate and effective services;
- to continue the ongoing operations begun by the transitional Board.

Board Composition:

The MSAS Board of Directors must include community members from the following categories:

Category One: at least one-third consumers and/or caregivers who are receiving or have received a community service from an approved agency or MSA;

Category Two: persons experienced in health and social services;

Category Three: persons who reflect the diversity of the community in terms of gender, age, geographic area, diversity, cultural, ethnic, linguistic and spiritual factors.

Election Process

Board members for the fully evolved MSAS are to be elected from the "membership" of the MSAS. Defining who the members of the MSAS are will be one off the tasks of the transitional Board of Directors. To ensure a broad membership base exists to support this process, as well as the functioning of the board and MSAS, broad recruitment for MSAS membership should occur prior to the election of board members.

Community Support Services

meals on wheels or group dining,
transportation,
caregiver supports,
adult day programs,
home maintenance and repair,
friendly visiting,
security checks and reassurance,
social and recreational activities.

Local Centres with Service Delivery

Hamilton-Wentworth already boasts a number of highly valued decentralized services. Local centres would build upon existing services and could provide the following opportunities:

- develop community identity and local presence of the MSA System by building upon the existing service centres in Hamilton-Wentworth and identifying additional centres as required;
- create awareness of, and easier access to a range of LTC health and social services including professional, personal support, homemaking, community support;
- create community awareness of the MSAS service delivery system, during the four year transition period which will increase understanding of how the system must evolve to continue to be effective;
- maintain existing base of volunteers and develop the volunteer network based on their identification with and commitment to their local communities;
- create the capacity to generate charitable funds in support of local services and community residents;
- provide full information about all the services available;
- develop local centres based on local circumstances and their relationship to the regional MSAS could vary too.

Community Collaboration

The region has a number of key local provider agencies with high public credibility and a history of working together. There is interest in building on existing services and maintaining local service identity. Currently the Coalition of Community Health and Support Services, which includes health and social service providers, is working on transitional steps to integrate the following mandatory MSAS services, on a regional basis, using interservice teams in local service provision:

- professional services;
- personal support services;
- homemaking services;
- community support services.

Evolving To An Integrated LTC Health and Social Service System

There is recognition of the need to enhance and coordinate LTC services to create a complete continuum of health and social services. A transitional period is recommended as a way of moving ahead gradually in order to:

- avoid service disruption to consumers;
- ensure that the proposed changes have the capacity to address the issues of concern in the present system.

During the transitional period the proposed MSAS design provides maximum flexibility to enable service delivery development and the final governance structure to evolve. The proposed MSAS design and period of transition will:

- enable functional integration of services and improved coordination of health and social services at the delivery point;
- provide an opportunity for practical experience related to the ways in which streamlining of services could take place to maximize direct service provision eg. within the mandatory service sectors for the MSAS some agencies/programs provide the same type of services eg. nursing services, meals on wheels, friendly visiting etc.;
- have the potential to add new services as needs arise and resources are available;
- provide the foundation for consideration of final governance structure;
- respect and support a community development process toward the fully evolved MSAS;
- create an organizationally dynamic MSAS which has the capacity to remain responsive to local needs and adjust to legislation and policy changes.

Fundamental to LTC Reform is the need to simplify and improve access to services for consumers, eg. one telephone call placed at any point in the system must link the person to the full range of LTC services. Options for an integrated information, access and referral are currently being reviewed in Hamilton-Wentworth through the Coalition of Community Health and Support Services.

In order to serve individual needs access must include:

- initial access;
- ongoing access to a range of LTC services as the consumer's needs change;
- easy access to additional or reduced hours of service as the consumer's needs change;
- access to services outside the MSAS eg. acute care hospitals.

Geographic

- community centres
- regional offices
- community newspapers

System Accountability

The MSAS will need to operate through traditional reporting structures as well as within and across program areas. The accountability must be clear yet not inhibit development of a flexible and responsive organization.

There is a need to recognize and respect that some agencies will have contractual agreements with the MSAS to provide LTC services as well as having a service mandate beyond LTC. Service contracts need to be developed collaboratively with service providers and be based upon mutual respect.

Service Accountability

Decisions within the MSAS must be made as close to the consumer as possible. Services should be evaluated on a number of factors including the impact they have on family lifestyles. For example, are services delivered at convenient times?

Rationale for the Proposed Design

The idea of a one regional MSA with strong local centres, through which services could be delivered, was suggested by both consumers and service providers during the community consultation process from December 1993 to June 1994. The proposed MSAS design seems suitable for Hamilton-Wentworth given the following characteristics:

- effective regional services exist, and there is community support for this style of service delivery;
- there are a number of small communities, each with a strong identity, and local centres build upon these and provide a structure through which services can be delivered;
- while there are insufficient volumes of service/population to support the cost of establishing a stand alone MSA in each local area, a separate delivery intake point is possible.

Regional Service Provision

Hamilton-Wentworth has experience in regional provision of LTC professional, homemaking and personal support services. This experience will provide the foundation for the new system. The following mandatory LTC services will be provided on an equitable basis throughout the region:

Professional Services

nursing,
physiotherapy, occupational therapy, speech therapy,
social work,
dietetics;

Personal Support Services

bathing, personal hygiene activities,
toileting and other routine personal daily activities;

Homemaking Services

housekeeping,
laundry, ironing, mending,
shopping,
banking and bill paying,
menu planning and meal preparation,
caring for children;

While planning is continuing, the thinking to date suggests that local centres include:

Ancaster;
Dundas;
Glanbrook;
Flamborough;
Hamilton (sites to be determined);
Stoney Creek.

Multiple Information Access Points

Input from local community meetings and consultation indicates there needs to be multiple access points for LTC information, each with a sense of its specific role within the system. While duplication of information services must be avoided there is a need for some overlap to ensure people receive the information they require. Although there will be multiple entry points into the long-term care service continuum there will only be one service system.

The recommended information access points which follow are within the community and while they may not be functioning as access points now they have potential to do so. Strategic planning is required if these information access points are to be incorporated into a computerized communication/information dissemination network. They could provide effective systemic linkage through the LTC system and related sectors without great cost. Some may only provide the regional LTC telephone number while others may have the capacity to offer some level of assistance. The following **examples** provide some insight into the type and range of information access points which could be used.

Information Access Points

Places

- doctors' offices
- drug stores
- churches
- grocery stores
- libraries
- Community Health Centres
- emergency departments
- Community Information Centres
- agencies
- institutions
- MPP riding offices

People

- discharge planners
- spiritual and faith communities
- specific workers eg. homemakers, nurses

Communication Links

- church bulletins
- newsletters
- local newspapers
- cablevision
- radio

Community Specific

Ethnocultural

- cultural interpreters services
- ethno-specific clubs

Age

- Seniors' Centres

Linguistic

- L'Age D'or

Children

- schools
- day care

Disability

- DART's buses

The role of the volunteer will include:

- participation as a member of the MSAS Board of Directors, committees, task groups etc.;
- direct service delivery such as meals services, transportation, reassurance and telephone checks, information and peer support (especially to caregivers), volunteer visiting (including Palliative Care).

The transitional board and the board for the fully evolved MSAS will be required to develop a Volunteer Plan for using the services of volunteers in the provision of community services. The plan will include such issues as:

- recruitment;
- training;
- recognition;
- retention;
- supervision.

Centralized Functions

The centralized functions of the proposed MSAS, when fully developed, include general services, specialized services/resources, and administrative services.

General Services

Regional services will be provided through inter-service delivery teams integrating professional, homemaking, personal support services and community support services. Development of inter-service delivery teams in local communities is currently being planned through the Coalition of Community Health and Support Services.

Provision of appropriate services for those with linguistic, ethno-cultural and spiritual needs will be approached systemically in order to ensure equitable access throughout the MSAS.

General information and referral, through a centralized database developed, maintained and electronically transmitted to local centres.

Waiting lists will be centrally managed to maximize system response to unmet needs in the most appropriate ways.

Specialized Services/Resources

Specialized service/resources such as Placement Coordination Services (PCS), Occupational Therapy (OT), Physical Therapy (PT), specialized nursing, etc. will be available to local service teams but maintained centrally for cost efficiency and to respond to demand.

A community-wide mechanism and protocol for identification and follow-up of abuse cases will be developed and implemented.

Centralized Administrative Services

The following administrative services will be centralized:

- general administration;
- coordination of purchasing for office and program supplies;
- statistical compilation for LTC service provision in the region;
- MSAS research and evaluation;
- public relation/communication/education strategies;
- staff training development;
- service standards;
- appeal process;
- financial management;
- development of common data collection process in order to establish a clinical data base, with the capacity to track clients, service, service charges and for:
 - planning, evaluation and cost containment based on the information available through the common database.

Decentralized Functions of the Proposed MSAS - Local Centres

Local Centres

Local centres will provide long-term care services in their communities. These services may vary from community to community as they are adapted to satisfy local needs. Information and access to the long-term care system will also be provided through local centres. Although there will be only one MSAS for the entire region of Hamilton-Wentworth people must be able to access this system through convenient points of entry that are adapted to the special needs of the communities they serve.

Local centres may serve the needs of geographic communities (eg. Dundas or Flamborough or the east end of Hamilton) or they may serve communities of interest (eg. ethnocultural groups). Local centres could be developed from existing community service centres or new ones may emerge. See proposed local centres in appendix 5.2, page 27.

What We Have Learned About Current Long-Term Care Services

During the community consultation process consumers, service providers and members of the public expressed concerns and offered suggestions about how current service delivery could be improved.

Concerns

- people do not know whom to call for help
- services can be restrictive
- sometimes they do not meet needs
- services are like the pieces of a puzzle that are not connected
- there are too many service assessments
- easier service access is required, equitable service distribution is needed, flexible service delivery is essential
- some service duplication exists, coordination and streamlining would be beneficial
- fear that services will not be there when they are needed

Suggestions

- listen to us
- build on what is working well
- develop a system which has a neighbourhood focus and community identity
- recognize and build on the unique characteristics of various areas and "communities" in Hamilton-Wentworth
- maintain volunteers, charitable dollars and service identity
- pull a responsive system of Long-Term Care services together
- get on with LTC Reform
- recognize that careful thought and a gradual approach is required to allow opportunity to gain experience

PROPOSED MSAS FOR HAMILTON-WENTWORTH

Proposed Option for Hamilton-Wentworth

The Hamilton-Wentworth District Health Council and its Long-Term Care Committee are proposing the following option for the development of the Multi-Service Agency System for Hamilton-Wentworth:

Recommendation 1:

- one regional Multi-Service Agency System with strong local centres be established
- this new organization will be governed by a community Board of Directors
- a transitional community board will be put in place to lead the development and implementation of the Multi-Service Agency System

This option is based on community input, the unique characteristics of Hamilton-Wentworth and the LTC policy and legislative framework.

Description of the Proposed Option

The MSAS will offer services to the entire region, 24 hours a day, 7 days a week. Individuals will be able to access some services through local community centres while other services will be directly provided through a regional network. There will be simplified access, a single assessment and an integrated system of health and social services.

This approach endeavours to maximize effectiveness of the available resources while enabling individuals to access services in their own communities.

It is anticipated that it will take up to four years to move from the present system to this new MSAS. During this period a transitional board will oversee the development and implementation of the new system. This transitional board will work with the community to plan and implement the integration of health and social services within the MSAS. At the end of the transition period a new Board of Directors will be elected, by the membership of the MSAS, to govern the agency.

One of the major tasks facing both the transitional board and the board for the evolved MSAS will be the development of a Human Resource Plan and a Volunteer Plan. Building on the strengths of the existing system, the transitional board will endeavour to create an environment for change that will lead to the successful transfer of workers and volunteers from existing LTC services/agencies to the new MSAS. The skills, experience, and dedication of both volunteers and staff is vital to the development of the MSAS as is their continued support to consumers with whom they have relationships.

Volunteer, non union, and union staff will be affected as services move to the MSAS. Some of the issues the transitional Board of Directors will be responsible for resolving include:

- job security;
- maintaining the volunteer sector while preserving the integrity of unionized bargaining units;
- uniformity/diversity of benefits and wages;
- impact on non union staff;
- successor rights, surplus staff, retraining;
- existing union contacts and responsibilities under current legislation;
- local versus regional or provincial negotiations of collective agreements.

Bill 173, Long-Term Care Act, outlines the ways in which the job security of existing LTC staff are protected through legislation. Information about the provisions is available through the Hamilton-Wentworth District Health Council 570-1441.

People volunteer for a variety of reasons. One of these is they see a need in their community and they feel they can make a personal contribution. The proposed MSAS for Hamilton-Wentworth is based on recognition that its natural communities are important to residents. They feel an identity with these and often wish to support them in a variety of ways including volunteering. Local centres will develop according to the needs defined by the area residents. This will make the services offered meaningful and valued creating community ownership and support.

Long-Term Care Reform in Hamilton-Wentworth

Long-Term Care policy and legislation exist to guide reform in communities across Ontario. District Health Councils in Ontario are working with their communities to develop Long-Term Care services and delivery based on local characteristics and needs.

The Hamilton-Wentworth District Health Council established a LTC Committee to work with people in Hamilton-Wentworth to decide what will work best locally. Council's "Expectations for the Reform of Long-Term Care and the Development of the Multi-Service Agency" guide the LTC Committee's work and are in appendix 5.1, pages 25-26.

Community representatives on the LTC Committee include consumers, service providers and general members. The main responsibilities of the committee are as follows:

- developing of a local Multi-Year Plan for LTC services with recommendations for funding;
- facilitating a community planning process to design a Multi-Service Agency System (MSAS) for Hamilton-Wentworth.

MULTI-SERVICE AGENCY

Ministry of Health Expectations: LTC Policy and Legislation

A provincial LTC policy framework exists and legislation is in place which instruct local communities to develop a Multi-Service Agency System based on local characteristics and needs. Some amalgamation of services/agencies will occur in order to comply with the requirement that all services provided in the community will be part of the Multi-Service Agency System apart from 20 percent which can be contracted out. See appendix 5.3 and 5.4, pages 28-29.

There are clear expectations about what the Multi-Service Agency is expected to accomplish and they are as follows:

- to integrate LTC health and social support services which are delivered in the community;
- to simplify access to a full range of quality LTC services;
- to develop a consumer centred and directed LTC service delivery system;
- to end fragmentation of LTC services;
- to streamline resources;
- to provide a high quality of services;
- to develop a system which is accountable to local communities and the provincial government;
- to respect rights and security of consumers;
- to respect rights and security of service workers;
- to offer neighbourhood access to care.

Steps to a Local Multi-Service Agency System (MSAS)

Finding Out What the Community Wants/Thinks

The Hamilton-Wentworth District Health Council began the planning process by identifying its planning expectations related to LTC Reform and establishment of the MSAS. Previous local LTC planning and initiatives were reviewed and incorporated to form a planning base from which to start the current process.

To design an appropriate MSAS for Hamilton-Wentworth community input was considered a key component. Information on the current system and recommendations for change have been gathered by the Long-Term Care Committee of the HWDHC in the following ways:

- 18 public meetings from December 1993 to June 1994 were held across Hamilton-Wentworth for individuals to provide their comments about what is working well and what needs to be changed;
- 24 ideas on how the current Long-Term Care service delivery could be strengthened were received;
- several meetings have been held with local service providers who have shared their knowledge and expertise to help identify the strengths and weaknesses with current service delivery;
- a panel of consumers provided their perspective on long-term care services and delivery issues;
- various meetings have been attended to receive comments and concerns;
- an alternate consultation process for those unable to provide their input through a public meeting is underway.

MSAS FOR HAMILTON-WENTWORTH: GETTING THERE

WE NEED YOUR HELP

The Hamilton-Wentworth District Health Council and the Long-Term Care Committee are interested in receiving your comments about the proposed option for the Multi-Service Agency System for Hamilton-Wentworth. The opportunity to comment is described in the MSAS brochure which is available by calling the Hamilton-Wentworth District Health Council, 570-1441. Both written and verbal response is welcome. The design will then be refined within the context of the provincial long-term care policy and legislative framework.

It is understood that change is difficult. Long-term care reform requires a major shift in the way we organize and think about our services. It is hoped that a cooperative process will build upon the strong traditions and expertise of the existing agencies and networks.

DESIGNING A MULTI-SERVICE AGENCY SYSTEM FOR HAMILTON-WENTWORTH

BACKGROUND

Long-Term Care (LTC) refers to a variety of health and social services offered in the community and in LTC facilities to assist people who need help in their daily activities. A broad range of services exist from meal programs and home maintenance to nursing and rehabilitation therapies. People who may require LTC services include:

- children and adults who have a physical disability;
- seniors;
- people who may temporarily need acute care services in the home;
- children and adults who require services at home/school/work.

Over a number of years the need to strengthen existing LTC services has been identified by people who use the services (consumers) and those who provide them (service providers). There is recognition that current services will not be able to accommodate the increasing demand particularly as "Baby Boomers" age and as technological advances have the capacity to keep more people alive and living longer. In addition, existing LTC services require simplified access, strengthened information services, increased coordination, and greater flexibility to be more responsive to need.

Long-Term Care Reform is an attempt to strengthen and streamline existing LTC services so they are more effective in meeting needs. It is guided by the following principles:

- respecting and supporting people's desire to be healthy and independent;
- integrating long-term care health and social services;
- ensuring greater consumer participation and control of services;
- promoting racial equity and cultural sensitivity;
- giving preference to a system that delivers service on a not-for-profit basis;
- developing equity of service delivery across the province.

The goals of LTC Reform include:

- locally planned service delivery based on population and health needs;
- improved service coordination;
- ensuring adequate community alternatives to institutions exist;
- provision of high quality of service;
- ensuring effective management of human, financial, and other resources;
- improved accountability in the system;
- respect for the rights and security of consumers;
- respect for the rights and security of service workers;
- increased support for training and placement of displaced workers.

HAMILTON-WENTWORTH DISTRICT HEALTH COUNCIL LONG-TERM CARE REFORM AND THE MULTI-SERVICE AGENCY

EXECUTIVE SUMMARY

Long-Term Care Reform refers to the changes which are occurring in communities throughout Ontario to strengthen local long-term care services. Provincial long-term care policy and legislation is in place to guide the process. District Health Councils in Ontario have been given the responsibility, by the province, to work with their communities to develop a long-term care service system based on local characteristics and needs.

Long-Term Care Reform and The Multi-Service Agency System In Hamilton-Wentworth

The Hamilton-Wentworth District Health Council (HWDHC) established a Long-Term Care (LTC) Committee to work with the residents in Hamilton-Wentworth to address the following:

- developing a local Multi-Year Plan for LTC services with recommendations for funding allocations;
- facilitating a community planning process to design a Multi-Service Agency System for Hamilton-Wentworth.

To guide the local planning the Hamilton-Wentworth District Health Council developed "Expectations for the Reform of Long-Term Care and the Development of a Multi-Service Agency System". These are included in appendix 5.1, pages 25-26. The paper which follows describes the planning which has taken place in relation to designing a Multi-Service Agency for Hamilton-Wentworth. The broad framework for a local Multi-Service Agency is outlined and planning is continuing.

Provincial long-term policy and legislation instruct local communities to develop a Multi-Service Agency System (MSAS) based on local characteristics and needs. Provincial policy and legislation require that most long-term care services, delivered in the community, be within the Multi-Service Agency System. The legislation allows 20 percent of the services to be contracted outside the MSAS. In addition, some services such as Adult Day Programs are exempted from the 20 percent purchase of service limit.

In Hamilton-Wentworth over forty not-for-profit agencies deliver long-term care health and social services. In order to establish an integrated long-term care health and social service system, which is consistent with provincial policy and legislation, some of the existing services/agencies will need to be amalgamated within the MSAS.

Recommendations: Multi-Service Agency System for Hamilton-Wentworth

The planning related to determining the most effective Multi-Service Agency System for Hamilton-Wentworth has focused on building upon the strengths of the current services particularly in relation to the volunteers and the staff who provide LTC services. Community input throughout the design process has been sought and has been vital in designing a Multi-Service Agency to meet the needs of Hamilton-Wentworth.

The Hamilton-Wentworth District Health Council's LTC Committee is proposing the following recommendations in relation to establishing a Multi-Service Agency System for Hamilton-Wentworth:

Recommendation 1:

that

- one regional Multi-Service Agency System with strong local centres be established
- this new organization will be governed by a community Board of Directors
- a transitional community board will be put in place to lead the development and implementation of the Multi-Service Agency System

Recommendation 2:

that a two phase approach to governance be established to complement the transitional and fully developed stages of the Multi-Service Agency System

Recommendation 3:

that the Long-Term Care Committee of the Hamilton-Wentworth District Health Council develop a process to establish the transitional Board of Directors for the MSAS, for approval by the Minister of Health

Recommendation 4:

that the MSAS Board of Directors for the transitional period hire a Chief Executive Officer and transfer and hire staff in accordance with their approved Human Resources Plan

Recommendation 5:

that the Multi-Service Agency's transitional Board of Directors be incorporated in order to begin the process of transferring, hiring and/or seconding staff and for contracting for other mandatory services

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